TOWN OF WILBRAHAM

Town of Wilbraham Town Clerk 240 Springfield Street Wilbraham, MA 01095

IMPORTANT LEGAL DOCUMENT ANNUAL STREET LISTING

2015

IMPORTANT: General Laws of Massachusetts mandate an annual street listing of residents as of January 1 each year. Update the information provided by adding, deleting, or making changes below the printed information. Please sign and respond within ten (10) days, even if no changes are necessary. For assistance, call TOWN CLERK AT 413 506 2800 EVE 200

Resident Address:						✓ If this address ——————————————————————————————————	is is i	ncorrect, ma	ke o	corrections below	
ARNING	and may I	result in rer IE VOTER COI	nova LUM	al f N N	rom the vo	l result in remova ter registration re R NAME, MEANS YOU R NAME, MEANS YOU	olls. U AI	RE A REGISTE	REL	O VOTER.	
EASE PR	NAME First	Middle	ossaere-ud-	Gender M/F S	Date of Birth mm/dd/yyyy	Occupation	M - Moved D - Deceased	VOTE Nationality (If not U.S. citizen)	U.S. Veteran	Previous Address if at current address for less than one yea	
					-						
gnature of Respondent Date ned under the Penalties of Perjury as Prescribed by M.G.L. 56, §4.					ENTER NUMBER OF DOGS: If dog(s) has recently passed away, please mark dog's name and deceased date here						
elephone #	:		Pov	ore	sk	AIL ADDRESS: optional r More Instruction					
SE	ND THIS FORM AI	<u></u>	PL N	EAS	SE DETACH BI	EFORE MAILING TRATION FORM TION RECORD AND SPAY		NEUTERING CE	RTIE	лсате.	
NAME:ADDRESS:						PHONE:					
OG'S NAME: AGE:						COLOR:BREED:					

240 SPRINGFIELD ST WILBRAHAM, MA 01095 ****LICENSES ARE DUE BY MARCH 31, 2015****

****ANY QUESTIONS, CALL 596-2800 EXT. 200 ****

THIS FORM MAY BE RETURNED WITH CENSUS FORM.

SPECIAL INSTRUCTIONS: Return IMMEDIATELY.

COMPLIANCE with this State requirement provides proof of residence to protect voting rights, veteran's bonus, housing for the elderly and related benefits as well as providing information for selection of jurors. This form DOES NOT register you as a voter.

GENERAL INSTRUCTIONS: Please Print

- 1. Verify and/or complete all information listed on the form.
- 2. List ALL family or household members whose legal address is the same. Include any member of the family in Military Service, away at school or confined to a rest home whose legal residence is the same.
- 3. Make all changes on the SHADED LINE below the printed line.
- 4. If a NEW MEMBER has been added to the family or household, enter the name and information on the blank line at the end of this form.
- 5. Put a line through the name of any resident no longer residing at this address and list his/her new address.
- 6. MOVED/DECEASED Enter "M" or "D" if appropriate.
- 7. MAIL TO Designates the person in your household to whom mail should be addressed. If you wish to change enter an "X" next to that individuals name.
- 8. OCCUPATION: Enter occupation not place of employment.
- 9. NATIONALITY Enter only if not U.S. citizen.
- 10. VETERAN: Check if you are a U.S. Veteran.
- 11. To return this form, tri-fold form and insert into return envelope provided and mail.

Thank you for your cooperation.